

# INVOICE

## PLEASE REMIT TO:

INDIANA DEPT OF ENVIRONMENTAL MGMT  
100 NORTH SENATE AVENUE  
PO BOX 7060  
INDIANAPOLIS IN 46207-7060

Page: 1  
Invoice No: 000029477  
Invoice Date: 08/05/2004  
Customer Number: CST100005995  
Bill Type: 062  
Payment Terms: NET 60  
Due Date: 10/04/2004

## Customer

WOLF LAKE BAR & GRILL  
MS DEE ADKINS  
PO BOX 262  
PO BOX 133  
WOLF LAKE IN 46796

AMOUNT DUE: 33.33 USD

Amount Remitted

☐ Note Address Changes Above.

For billing questions, please call 317-233-0604

Line	Adj Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
<p>- This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit: <a href="http://www.IN.gov/legislative/ic/code/title13/ar18/ch20.5.html">http://www.IN.gov/legislative/ic/code/title13/ar18/ch20.5.html</a></p> <p>- Fees are based on the activity status as of December 31 of the previous year.</p> <p>- Fees on Transient Non-Community Water System will be based on the type of water system on record by December 31 of the prior year.</p> <p>- Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable.</p> <p>- Fees assessed for 2004 billing year are equal to one-third (1/3) of the fee required as established under section 2 of the above-mentioned law.</p> <p>- If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year.</p> <p>- Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee.</p> <p>- If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment.</p> <p>- For questions regarding your assessed fee amount, please contact the Drinking Water Branch, Office of Water Quality at 317/308-3282.</p> <p>- ATTENTION: The due date shown in the upper right hand corner of this invoice reflects the standard 60 days past the invoice print date.</p>						
1	04-IN2570120T-0	PWS Fee - GW	1.00		33.33	33.33
TOTAL AMOUNT DUE:						33.33

Please include a copy of your invoice along with payment.

Payments received without a copy of original invoice or invoice number noted on the check will be returned.

RCVD AUG 23 '04

cat 5995

could be added

or

name & address

? updates ?